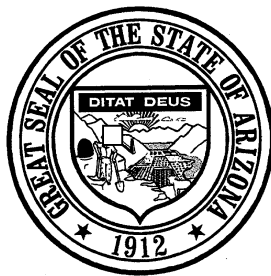


Secretary of State
Limited Partnerships
1700 West Washington 7th Fl
Phoenix, Arizona 85007



Secretary of State Use:

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SUBMIT IN DUPLICATE with a self-addressed, stamped envelope.

All correspondence regarding this filing will be sent to the principal office identified below.

CERTIFICATE OF LIMITED PARTNERSHIP
A.R.S. §29-308

Name of limited partnership (End the name with the words "Limited Partnership" or "L.P.")

Arizona address of principal office
(PO Box or C/O are unacceptable)

City Arizona Zip

Name of agent for service of process Phone number (optional)

Arizona address of agent for service of process
(PO Box or C/O are unacceptable)

City Arizona Zip

The name and business address of each general partner: (Attach additional sheets if necessary)

Printed name Signature

Address City State Zip

Printed name Signature

Address City State Zip

The latest date on which the limited partnership is to dissolve, if any: _____

Any other matters: Please attach additional sheets